UNITED NATIONS

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Economic and Social Council

Distr.
LIMITED

E/ICEF/1992/P/L.27
26 February 1992

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Programme Committee
1992 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Sri Lanka

The Executive Director recommends that the Executive Board approve the country programme of Sri Lanka for the period 1992-1996 in the amount of $6,875,000 from general resources, subject to the availability of funds, and $19,591,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

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THE SITUATION OF CHILDREN AND WOMEN

1. After a very low gross domestic product (GDP) growth rate of 1.5 per cent in 1987, the economy in Sri Lanka is in the process of recovering, with a growth rate of 2.7 per cent in 1988 and 6.2 per cent in 1990. However, the prolonged civil strife in the north, north-east and south has continued to impact adversely on the economic and social conditions of the country, and substantial resources from the national income, about 6 per cent of GDP in 1990, were diverted to civil order and defence. Inflation has been accelerating, rising from a rate of 14 per cent in 1988 to above 20 per cent in 1990. Unemployment is estimated at 12 per cent, and some two thirds of the unemployed are youths. Foreign aid has continued to play a crucial role in economic restructuring and reconstruction programmes.

2. In 1990, the country's total population was estimated at 17.2 million, 1.8 million of whom were children under five years of age. The annual population growth rate has declined from 1.8 per cent in 1980 to 1.5 per cent in 1990 owing to a continued decrease in the birth rate. Urban population is about one fifth of the total population, and its growth rate has been generally lower than the national average. About 25 per cent of the total population live below the poverty line. The poorest groups include the urban poor, small-scale farmers, dry-zone farmers, settlers who live on rain-fed cultivation, estate workers, landless labourers, low-income fishing families, unemployed youths and the population living in areas of armed conflicts. The Government has launched its main poverty alleviation programme, the Janasaviya programme, to identify and help the poorest groups.

3. The infant mortality rate (IMR) continued to decline from 32 per 1,000 live births in 1986 to 26 per 1,000 in 1990. The well-established primary health care (PHC) infrastructure and the interventions made in the past decade for child survival and development activities, including universal child immunization (UCI), oral rehydration therapy (ORT) and improved care at delivery, have contributed favourably to the sustained decline of IMR despite the constraints posed by armed conflicts. Disparity, however, exists among different population groups, and IMR among the poorest groups may be double the national average. Surveys done by the Sri Lanka Department of Census and Statistics showed that infants in families with low levels of education, particularly families with no education at all, are far more vulnerable to early mortality than others. Leading causes of infant and child deaths are foetal malnutrition and immaturity, acute respiratory infections (ARI) and diarrhoeal diseases.

4. Sri Lanka is one of the few countries where a substantial reduction in national IMR has not been accompanied by a strong improvement in average nutritional status. If, however, the analysis is disaggregated geographically, there is a high correlation between IMR reduction and improved nutrition. Approximately 65 per cent of pregnant women suffer from anaemia, and babies with low birth weight, i.e., below 2,500 grams, account for 20 per cent of all newborns. Protein-energy malnutrition affects young

children most severely between six months and two to three years of age. The most recent nutrition survey (1988/89) indicated that 18.4 per cent of children six months to five years of age suffer from wasting (-2 standard deviation) and 36.4 per cent suffer from stunting (-2 standard deviation). The deterioration of nutritional status at about six months of age is most likely caused by inadequate feeding practices. Low feeding frequency, combined with the relatively low energy density of the diet, results in inadequate dietary intake. At the age of six months, infections such as diarrhoea and ARI start to affect the child, and this, in turn, contributes to protein-energy malnutrition. The fact that nutritional status improves at the age of two to three years suggests that lack of food may not be an important cause of malnutrition. National nutrition surveys also show that child malnutrition is highest in the areas of highest household food consumption. The unequal consumption of food within the household reflects inadequate feeding practices.

5. The primary school enrolment ratio is above 95 per cent for both boys and girls, and the drop-out rate is less than 10 per cent. In 1990, the adult literacy rate was 93 per cent for males and 84 per cent for females. However, district-wise disparities continued to exist through the 1980s. The plantation districts, the backward eastern hinterland and the concentration of Muslim villages in the east have remained educationally disadvantaged. A 1989 survey of 398 small schools revealed that the average drop-out rate by grade 5 compared with that of grade 1 was about 20 per cent. Studies also show that among slums and shanties, some 20 per cent of school-age children have never attended school. As reflected in resource allocations, little priority is given to the learning needs of the young child. Preschools, day-care centres and crèches serve only about 20 per cent of preschool children.

6. Safe water supplies and sanitary latrines are available to 60 per cent of the population nationwide and 55 per cent of the population in rural areas. In some areas in the northern and eastern provinces, as well as in the north-western and north central provinces, coverage is much lower. Contamination of water by pesticides, insecticides, preservatives and adulterants is a growing problem. Large-scale deforestation, air pollution, industrial pollution, disposal of garbage in the cities and disposal of sewage are other problems of environmental concern.

7. Since the outbreak of the major armed conflict in mid-1990 in the north and east, some 1 million people have been displaced, 150,000 becoming refugees in India and the rest living in refugee camps in various districts of the country. Providing basic services to this large number of displaced people has become a major problem. Hospitals were damaged, many suffering from shortages of staff, equipment and drugs. As a result of the destruction of school buildings, the exodus of teachers, the displacement of children and the shortage of school supplies, education was interrupted as well. Many women have been psychologically traumatized and have lost their husbands. The psycho-social effects of the conflicts on children are severe and many are unable to function normally. In addition, many physical disabilities have resulted from the war, and many children have lost their parents.

8. Child labour and street children have received increased public attention as part of follow-up on the Convention on the Rights of the Child. The country has not yet enforced any regulatory legal controls to protect children from exploitation. It is estimated that there are 500,000 working children, many of them domestic servants. Child prostitution is believed to be widespread in the tourist zones, with an estimated 30,000 boy prostitutes. There may be as many as 10,000 street children in the country.

PROGRAMME COOPERATION, 1989-1991

9. The country programme for 1989-1993 was reduced to three years, 1989-1991, because the annual programme budget levels were increased for relief and rehabilitation activities. Accordingly, funds approved for the 1989-1993 period of cooperation were disbursed ahead of schedule.

Health

10. Despite the serious social crisis caused by armed conflicts, UCI was achieved in 1989 and has been sustained over the past three years. National immunization coverage for children under one year of age has been maintained at above 80 per cent for all antigens. Communication and social mobilization have played a crucial role in keeping the commitment of political leadership, as well as the continued demand for immunization service among mothers. Since the UCI project is integrated with other maternal and child health (MCH) activities, efforts to reach the UCI target have thus strengthened the existing infrastructure for health service delivery. New medical officers have been recruited and their training has begun. The Government is assuming greater responsibilities in sustaining the project by providing funds for vaccine supplies. The project has been implemented in close collaboration with the World Health Organization (WHO), Rotary International and the Swedish International Development Authority.

11. The national control of diarrhoeal diseases (CDD) project continued its two-pronged approach of prevention of dehydration through home-based preparations, including the traditional rice, kanji, and the treatment of mild and moderate dehydration through the use of Jeevanee, the local brand of oral rehydration salts (ORS). About 1 million packets of Jeevanee were produced and distributed with government support. Communication campaigns were launched for the promotion of ORS and ORT, combined with promotion of breast-feeding and hygiene education. A 1990 survey carried out by the Ministry of Health showed that the ORS usage rate was 58 per cent, and mothers' knowledge about ORS and continued breast-feeding during episodes of diarrhoea was above 96 per cent, thus meeting coverage targets set at the beginning of the programme cycle. Comprehensive antenatal care was provided for 77 per cent of pregnant women, and the goal of institutional delivery for 80 per cent of pregnant women was achieved. The ARI project has been initiated; about 40 per cent of medical professionals have received training, and some educational materials have been prepared and printed.

Nutrition

12. The approach so far has been to focus on inadequate household food security as the major underlying cause of malnutrition. The support provided included promotion of breast-feeding, proper weight gain during pregnancy, growth monitoring of children under five years of age and growth promotion through food supplementation and home food production. Child health and development charts were developed and provided to mothers, covering an estimated 50 per cent of children for early identification of the onset of undernutrition. Through the area-based programmes, activities for home food production and training of agricultural extension staff and village leaders were carried out. Given the serious nutrition situation, there is a strong need for greater support to nutrition-oriented programmes in the future. More attention needs to be given to factors such as inadequate care of children and women and the incidence of infectious diseases as equally important underlying causes of malnutrition.

Education

13. Support has focused on three areas: improving the quality of education in small, disadvantaged primary schools; special education; and selected activities in non-formal education. The National Institute of Education has begun to define minimum levels of learning expected for each grade up to grade 5. Support was provided for 250 small, disadvantaged schools to reduce education disparities, and the teachers of these schools were trained in multigrade and multiclassroom management strategies, remedial measures for children faltering academically and approaches to build positive community-school relationships. Some initial efforts have been made to link teaching and learning activities with agriculture through the curriculum in environmental education and the sciences. Very encouraging results have been achieved in developing training materials for classroom activities in conflict resolution. Teacher trainers were also trained in conflict resolution concepts and strategies.

14. In non-formal education, assistance was extended to areas where drop-out rates were high and to communities where local non-governmental organizations (NGOs) were active in organizing literacy classes. The normal five-year curriculum was condensed into two years, and a major effort is under way to formally develop equivalency tests for the easy transfer of children into the formal system. About 400 literacy centres received assistance and 400 teachers received basic training and refresher training, benefiting 10,000 children from 5 to 14 years of age. Initiative has been taken to connect efforts in special education with community-based rehabilitation. Training was provided for volunteers in seven districts with a total population of 222,000. About 12,000 disabled children were identified for treatment. In early childhood development, support was given to NGOs and area-based programmes in the development of an infrastructure for early childhood care and in the provision of teaching/learning materials for use by those providing child care.

Area-based programmes

15. In collaboration with the Canadian International Development Agency, the Netherlands and Norway, area-based programmes in Puttalam District, the estates, and the Mahaweli resettlement programme were supported, along with an urban basic services project covering 14 cities. However, since many of the activities were located in areas directly affected by armed conflict, implementation has been delayed to varying degrees. Mahaweli and some of the urban basic services project cities were most seriously affected. In the Puttalam integrated basic services project, 10 dry-zone areas were selected for focal support, and a knowledge, attitude and practice study on water supply and sanitation was completed. Through community-level action, the urban basic services project extended basic services, including health, water supply and sanitation, pre-schools and playgrounds, to benefit above 100,000 people in about 150 slums and shanty areas. The project was closely linked with the government shelter upgrading programme for the urban poor.

16. In the estates project, an MCH structure has been established to strengthen maternal health care, immunization, nutrition and health education. Regional vaccine centres have also been established and 1,000 health staff, including midwives and family welfare personnel, were trained and retrained to improve MCH services. Packets of ORS, iron dextran injections, iron tablets and other essential drugs were provided through 500 health centres. All 1,600 crèches on the plantations have been upgraded and made functional for the provision of child care and other health and welfare services. About 600 piped water supply schemes and over 5,000 sanitary latrines were constructed in various poor estates.

Relief and rehabilitation

17. This programme, which began in early 1988, aimed at addressing the unmet needs of children and mothers in conflict areas. By the end of 1991, an aggregate amount of $2,200,000 had been additionally allocated from general resources and contributed through supplementary funding for relief and rehabilitation activities by various donors, including Japan, the United Kingdom of Great Britain and Northern Ireland, the United States of America and Australia. In collaboration with government agencies, the International Committee of the Red Cross (ICRC) and local NGOs, medical and other emergency supplies were provided for the approximately 250,000 displaced persons residing in 287 camps since the outbreak of civil strife in mid-1990. Initiatives have been taken to reduce the psychological effects of armed conflicts on children through village volunteers under the PHC programmes. Community-based rehabilitation activities focusing on the needs of children were undertaken in clusters of villages in the six most affected districts in the north and east.

Advocacy and social mobilization

18. The Convention on the Rights of the Child, the World Summit for Children and the World Conference on Education for All provided opportunities for advocacy on behalf of the well-being of children with political leadership, judges and law enforcement officers. A parliamentarians' meeting was held in 1990, which mobilized support for child rights and discussed a mechanism to monitor implementation of the Convention. Sri Lanka ratified the Convention and the President signed the Declaration and Plan of Action of the Summit. A national programme of action for children was prepared, which adapted all the major 1990s goals set by the Summit to the context of the country. Sri Lanka has also been active in promoting the follow-up of the Summit in the region through the South Asian Association for Regional Cooperation (SAARC) summit meetings, and the second SAARC conference on South Asian children will be hosted by Sri Lanka in 1992. At the programme level, communications and social mobilization were built into all the major programmes, and Facts for Life was distributed and used extensively for advocacy and social mobilization purposes.

RECOMMENDED PROGRAMME COOPERATION, 1992-1996

Recommended general resources: $ 6,875,000
Supplementary funding: $19,591,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	2 245	1 628	3 873
Nutrition	1 411	3 750	5 161
Education	995	1 463	2 458
Water supply and sanitation	224	2 038	2 262
Children in especially difficult circumstances	495	3 398	3 893
Emergency relief and rehabilitation	620	3 064	3 684
Area-based programmes	-	4 250	4 250
Advocacy and planning	385	-	385
Programme support	500	-	500
Total	6 875	19 591	26 466

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

Programme preparation process

19. The preparation of the country programme for the period 1992-1996 began immediately after the World Summit for Children was convened. The Summit Declaration, the Convention on the Rights of the Child and the Jomtien Declaration on Education for All have provided the guidelines for formulation of the new country programme. The situation analysis of children and women in Sri Lanka, prepared jointly with the Government in 1991, highlighted the challenges and opportunities for the eventual achievement of the 1990s goals. The strategy meeting and the preview of the proposed country programme were attended by high-level government officials and UNICEF staff, including the Deputy Executive Director for Operations and the Regional Director for South Asia. Other United Nations agencies, bilateral donors and local NGOs were also involved in the overall consultations, as well as in the process of developing individual programmes.

Major national goals

20. The 1992-1996 programme of cooperation aims to advance the following national goals and objectives reflected in the national programme of action for children prepared by the National Planning Department, Ministry of Policy Planning and Implementation: (a) to reduce IMR to 19 per 1,000 live births; (b) to reduce the maternal mortality rate (MMR) by 15 per cent and to ensure that no district will have an MMR above 50 per 100,000 live births; (c) to sustain UCI and to eradicate polio myelitis and neonatal tetanus and to achieve a 90 per cent reduction in the incidence of of measles; (d) to reduce the level of malnutrition in children under five years of age from 35 to 25 per cent; (e) to achieve universal access to safe drinking water and sanitary latrines by the year 2000; (f) to achieve universal basic education; and (g) to improve the protection of children in difficult circumstances, in particular, working children, street children and children in situations of armed conflicts.

Health

21. The programme will continue to consolidate and sustain universal immunization coverage of infants and further increase coverage to 90 per cent in each of the 25 administrative districts. Special attention will be given to pocket areas where coverage is particularly low, including urban slums and conflict-torn areas, where outbreaks of polio myelitis have often occurred. In collaboration with WHO, Rotary International, the Swedish International Development Authority and other bilateral donors, vaccines will continue to be provided, and the Government will be encouraged to increase its funding for vaccine supplies. Cold-chain maintenance will be supported and training will be provided for the 288 newly recruited medical officers. Disease surveillance systems at all levels will be strengthened, and communication and social mobilization will be emphasized to maintain the political commitment and demand for services among mothers.

22. CDD will continue to be implemented through the promotion of ORS/ORT, breast-feeding and hygiene education. The programme aims to increase further the rate of proper use of ORT among families in need to 80 per cent. Communication activities will be stressed for social marketing of ORS, preparation and the use of ORT and ORS, personal hygiene and continued feeding during episodes of diarrhoea. Control of ARI in the 1.8 million children under five years of age will also be an area of focus. Standardized case management of ARI will be introduced in the entire health care system, and mass media and other channels of communications will be used to create awareness about this new approach among mothers. Safe motherhood will be promoted by improving the management of MCH services, with special emphasis on selected geographical areas.

Nutrition

23. The main thrust of the 1992-1996 programme of cooperation will be to address the problem of malnutrition. A national-level dialogue will be initiated to achieve a consensus on the nature of the nutrition problem. At the same time, a number of specific areas will be chosen for priority attention, according to the severity of the problem. As intervention activities and procedures are refined, they will be expanded to a national implementation strategy, to be primarily supported by the Government and through other external resources. Communities will be encouraged and assisted to assess and analyse their nutrition problems and to design appropriate actions, primarily using their own resources. Once the most important, immediate, underlying and basic causes have been identified, a set of interventions can be implemented. The outcome will be closely monitored by the community itself in order to improve gradually the understanding of the problem and to enable the community to design new and more appropriate interventions if necessary. Local health, education, agriculture, planning and administration officials will be involved in all aspects of programme planning, implementation and monitoring.

24. The same process will be initiated at the household level. By monitoring the growth of young children, specific household and individual actions will be promoted and household resources will be mobilized. Since growth monitoring and promotion do not require the construction of facilities, these activities will take place in existing buildings, such as health care centres, schools and religious centres, as appropriate. Training will be provided for family health workers, health volunteers and local teachers. The Assistant Government Agency divisions, each consisting of between 15,000 and 60,000 people, will be the largest administrative unit for programme focus. Five of these divisions will be selected each year, and a total coverage of 25 divisions will be reached by 1996. Those divisions that have been selected by the Government for the Janasaviya poverty alleviation programme will be the focus of interventions. Support will also be given to the ongoing efforts of national and local agencies and NGOs to increase family food production and education on appropriate food habits. The school curriculum, through environmental education and science lessons, will emphasize practical agricultural activities consonant with local conditions. Special advocacy

efforts will be developed to promote "baby-friendly" hospitals and maternal services.

Education

25. While continued efforts will be made to reduce area-wise disparities among schools, the programme will focus on nutrition education and improvement of the nutritional status of primary school children and pre-adolescent and adolescent girls through direct school-based interventions. The programme also aims to improve school environment, classroom learning activities, school attendance, early identification of educational faltering, early identification of disabilities, teacher training and formal and non-formal educational initiatives to prepare young girls and women to participate in the adult world. A total of 150 primary schools will be selected each year for integrated activities. About 25,000 copies each of a teacher's manual on nutrition and supplementary reading materials will be published and distributed to the 9,650 schools throughout the country, and 20 quarterly training sessions will be conducted at the provincial level to reach about 20,000 primary teachers. For preschool education, advocacy efforts will aim to establish a focal point in the Government, and support will be given to family-based, early childhood stimulation activities through community organizations and volunteers in order to complement growth promotion, preparation for formal education and impart life-long positive health practices.

Water supply and environmental sanitation

26. At the national level, the programme will focus on strengthening the national capacity in programme development, implementation and water quality monitoring. Support will be given to help establish a community-based maintenance system for hand pumps and to strengthen the existing water quality monitoring system. Training will be provided for 160 village hand-pump mechanics, 1,000 public health workers and 250 trainers in the use of smokeless stoves. At the local level, water supply and sanitation interventions will be linked with other health and nutrition activities to form an integrated package of basic services through the area-based programmes. Planned 1996 targets include the construction of a total of 1,600 wells and 52,000 household latrines, and the training of a total of 12,000 health volunteers and technicians.

Children in especially difficult circumstances

27. The programme will advocate for legislation to protect children in especially difficult circumstances. The focus will be on education in conflict resolution and on the psycho-social needs, rehabilitation and protection of children in armed conflict. Education in solving conflicts by peaceful means, experimentally initiated with success in the last programme cycle, will be expanded to all formal and non-formal education systems, supported by strong media and communication activities. Support will be given to develop conflict-resolution teaching and learning materials in Tamil,

Sinhala and English; to provide training to teachers; and to develop and air television and radio materials. Psycho-social support for children affected by the trauma of violence will be provided through the PHC infrastructure of the areas concerned, using both health workers and volunteer groups. Play therapy and other cultural activities will be promoted, and about 10,000 community-based rehabilitation volunteers will be trained to provide improved services for disabled children in conflict-affected areas.

Emergency relief and rehabilitation

28. The programme aims to provide access to basic health and nutrition services, shelter, clean drinking water and sanitation facilities for families rendered homeless and living in camps, and to provide continued education for their children. To achieve sustainability and long-term progress, a developmental approach to rehabilitation will be adopted. The community will be actively involved in all aspects of planning, implementation, monitoring and evaluation. Relief and supplies will be provided for approximately 1 million displaced persons in the north, east and border areas. Support will also be provided to train about 500 volunteers and to upgrade village health centres. Training and provision of materials for peace education will serve 25,000 children. Approximately 2,500 families, particularly households headed by women, will benefit from village-based, income-generating activities. About 300 wells and 5,000 toilets will be constructed to serve around 100,000 people.

Area-based programmes

29. This programme consists of three projects: services for children on estates; urban basic services; and Puttalam integrated basic services. In collaboration with the national medium-term investment programme, the estates project aims to improve the well-being of the long-isolated 500,000 minority women and children on the plantations. About 400 each of medical assistants, midwives and family welfare supervisors will receive refresher training in health and nutrition; 2,000 crèche workers will be trained in child care and health education; and 15,000 mothers' health cards will be distributed each year to identify mothers at risk. The urban basic services project aims at improving the basic services for 700,000 people living in the urban slums and squatter settlements of 14 selected cities. Community leaders will be trained to identify priority needs and actions in order to develop their poor urban neighbourhoods. Convergent interventions will be supported for both the urban basic services and the Puttalam integrated basic services projects. These include immunization, ORS, MCH services, food supplementation, early childhood development, safe drinking water and sanitary latrines, skills training and capacity-building. For the urban basic services project, advocacy for street children will be stressed.

Advocacy and social mobilization

30. The programme will focus on advocacy for children, programme communication and community education, public information, alliance-building

and institutional capacity-building in order to ensure follow-up on the World Summit for Children and the implementation of the Convention on the Rights of the Child and the national programme of action for children in Sri Lanka. Advocacy will be carried out to involve legislators, policy planners, religious dignitaries, media and government and NGOs in the promotion of the welfare of children and women, using Facts for Life as a basic reference for advocacy messages. All programme communication activities will be designed to converge on the ultimate goal of reduction of the incidence of child undernutrition. Public information will be strengthened through press conferences, media briefings, field visits to projects and production and distribution of information support materials for donors, media and the general public, to help build a child-focused grand alliance.

Management, monitoring and evaluation

31. The Department of External Resources of the Ministry of Finance is the government focal point for the overall coordination of the programme of cooperation. The Ministry will ensure the necessary integration and coordination required between the various components of the programmes and with the overall efforts of the Government and other external agencies devoted to the implementation of the national programme of action for children. Regular field visits, quarterly monitoring meetings, annual reviews and a 1994 mid-term review of the country programme will be held jointly by the Government and UNICEF to review the achievement of implementation objectives, financial input and programme/project work plans, and to suggest any corrective actions where required. Project managers, relevant NGOs and other United Nations agencies will attend these meetings. Detailed plans for monitoring and evaluation will also be developed for individual programmes of the country programme.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Sri Lanka (1990 and earlier years) UNICEF country classification

Under-five mortality rate	35	(1990)	Middle U5MR
Infant mortality rate	26	(1990)	Middle IMR
GNP per capita	$ 470	(1990)	Low GNP
Total population	17.2 Millions	(1990)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1990
Births	(thousands)	375	412	406	369
Infant deaths (under 1)	(thousands)	22	16	13	10
Under-five deaths	(thousands)	30	22	19	13
Under-five mortality rate (per 1,000 live births)		80	53	48	35
Infant mortality rate (under 1) (per 1,000 live births)		59	40	32	26

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1987)	Moderate & severe	..	38a
	Severe	..	9a
Babies with low birth weight (%, 1979/1987)		21	25*
% of primary school children reaching final grade (1980/1988)		91	94

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1980/1987)		83/ 74/ 48	94/ 80/ 72
Prevalence of wasting (%, 1978/1987)		23b	19
Prevalence of stunting (%, 1978/1987)		54b	34c
Daily per capita calorie supply (% of requirements, 1979-1981/1988)		100	104
Food production per capita index (Index 1979-1981=100, 1980/1990)		102	89
Household expenditure (% of total income, 1980-1985)	All food/cereals		43/ 18

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1989)			58
Access to health services	Total	93	..
(% of population, 1980)	Urban/rural	.. /..	../..
Access to safe water	Total	19*	60
(% of population, 1980/1990)	Urban/rural	49*/ 10*	100/ 64
Access to adequate sanitation	Total	67	45
(% of population, 1980/1985)	Urban/rural	80 / 63	65/ 39
Births attended by trained personnel (%, 1980/1983-1987)		85	94
Maternal mortality rate (per 100,000 live births, 1987)		..	80

Immunization		1981	1985	1990
One-year-olds (%) immunized against:	Tuberculosis	58	74	..
	DPT	45	71	..
	Polio	49	65	..
	Measles	..	20	..
Pregnant women (%) immunized against	Tetanus	48	36	..

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TABLE 1 (continued)

Sri Lanka

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	103/ ..	107/ ..
(%, 1980/1987)	Male	105/ ..	108/ ..
	Female	100/ ..	105/ ..
Secondary enrolment ratio (gross/net)	Total	55/ ..	71/ ..
(%, 1980/1987)	Male	53/ ..	68/ ..
	Female	57/ ..	74/ ..
Adult literacy rate, 15 years & older	Total	77	88
(%, 1970/1990)	Male/female	85/ 69	93/ 84
Radio/television sets			
(per 1,000 population, 1980/1988)		81/ 2	191/ 32

DEMOGRAPHIC INDICATORS		1970	1980	1985	1990	2000**
Total population	(Million)	12.5	14.8	16.1	17.2	19.4
Population aged 0-15 years	(Thousands)	..	5555.2	5832.3	5952.5	5687.3
Population aged 0-4 years	(Thousands)	..	1853.6	1996.3	1814.2	1736.2
Urban population (% of total)		22	22	21	21	24
Life expectancy at birth	Total	65	68	70	71	73
(years)	Male	64	66	68	69	71
	Female	66	70	72	73	75
Total fertility rate		4.3	3.5	3.0	2.6	2.2
Crude birth rate (per 1,000 population)		30	28	25	22	18
Crude death rate (per 1,000 population)		8	7	6	6	6

		About 1980	Most recent
Contraceptive prevalence rate		41	62
(%, 1977/1987)			
Population annual growth rate	Total	1.8	1.5
(%, 1965-1980/1980-1990)	Urban	2.3	1.4

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate		2.8	2.4
(%, 1965-1980/1980-1990)			
Inflation rate (%, 1965-1980/1980-1989)		10	11
Population in absolute poverty	Urban/rural	../..	../ ..
(%)			
Household income share	Top 20%/bottom 40%	50/ 16	../ ..
(%, 1980-1981)			
Government expenditure	Health/education	5/ 7	6/ 11
(% of total expenditure, 1980/1988)	Defence	2	7
Household expenditure	Health/education		3/ 3
(% of total income, 1980-1985)			
Official development assistance:	US$ millions	390	558
(1980/1989)	As % of GNP	10	8
Debt service			
(% of goods & services exports, 1980/1989)		6	13

a/ Aged 3-36 months. b/ Rural only. c/ Aged 24-36 months.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

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TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1989-1991

(In thousands of United States dollars)

COUNTRY: SRI LANKA
LATEST BOARD APPROVAL: 1989
GENERAL RESOURCES: $5,300,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	1336	1912	12	43	57	385	139	298	1544	2638	4182
Water supply and sanitation	195	772	4	36			13	615	212	1423	1635
Nutrition	527	50	13		79	26	59	23	678	99	777
Education	195	280	17	30	4		82	48	298	358	656
Community organization and development	16	50	26	51			110	67	152	168	320
Young child development	72	30	30	20	29		24	21	155	71	226
Women-centred programme		2						5		7	7
Children in especially difficult circumstances	75		5		1		15	2	96	2	98
Advocacy	2	13	20				41	17	63	30	93
Emergency	618	1304	3	18	34		182	2	837	1324	2161
Planning and project support	20	22	4	18	125	840	106	66	255	946	1201
Freight		9					8		8	9	17
GRAND TOTAL	3056	4444	134	216	329	1251	779	1164	4298	7075	11373

GR = General resources.
FSF = Funded supplementary funding.

TABLE 3. PLANNED EXPENDITURE, 1992-1996

(In thousands of United States dollars)

Country: SRI LANKA Period covered: 1992-1996	Funding status	1992	1993	1994	1995	1996	Total
Health	GR	445	445	460	435	460	2245
	NSF	600	400	200	200	228	1628
Nutrition	GR	259	249	264	315	324	1411
	NSF	600	600	650	900	1000	3750
Education	GR	172	181	195	219	228	995
	FSF	300	470				770
	NSF			463	500	500	1463
Water supply and sanitation	GR	34	40	51	46	53	224
	NSF	335	385	401	315	602	2038
Children in especially difficult circumstances	GR	100	95	100	100	100	495
	NSF	610	745	686	691	666	3398
Emergency relief	GR	190	190	130	80	30	620
	NSF	458	456	735	710	705	3064
Integrated area-based programme	FSF	2489	738	470			3697
	NSF	395	410	1055	1400	990	4250
Advocacy and planning	GR	75	75	75	80	80	385
Programme support	GR	100	100	100	100	100	500
TOTAL	GR	1375	1375	1375	1375	1375	6875
	FSF	2789	1208	470			4467
	NSF	2998	2996	4190	4716	4691	19591
GRAND TOTAL		7162	5579	6035	6091	6066	30933

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: SRI LANKA	Number of posts	Amount (Thousands of United States dollars)
FINANCED FROM 1992-1993 APPROVED BUDGET:		
International Professional established posts	2	390
Local national Professional and General Service established posts	15	313
Operating costs		744
Total	17	1447
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources		
Supplementary funds	4	724
Local national Professional and General Service project posts		
General resources	9	133
Supplementary funds	15	241
Total	28	1098

a/ For information source, see the 1992 revised post authorization table, dated 23 July 1991.